

MINUTES
Placer County Systems of Care
Network Provider Committee Meeting
Facilitator: Tom Lind
June 11, 2008

Check-In:

Attendees: Cami Burke, Eric Branson, Tom Lind, Michelle Johnson, Janet Bachelor, Pam Kesler, Nicole Paul, Betty Readle

Absent: Twylla Abrahamson

Review of Minutes – 04/09/08

Minutes were previously emailed to providers. Minutes accepted as written.

Announcements/Information:

Welcome to new attendees Pam Kesler and Janet Bachelor.

Pam announced that Janet Bachelor is a new member of her team, at Kesler, Brockhoff & Associates. Additionally she has a neuropsychologist from the Mind Institute working with her agency one day a week.

Pam will be providing an article for the next Network Provider newsletter, which will come out this summer.

Discussion/Action Items:

First Quarter Audit Report Results:

- Trends and learning opportunities.

Michelle reported on the results of the provider audits conducted in the first quarter of this year. Five providers with a total of 45 charts were evaluated. A copy of the audit tool was provided in advance of each audit. Our goal was to correct what could be corrected and for those items that could not be corrected we hope to eventually get to the point where we can back out those billings. Some of the problematic areas were: 1) Assessments did not contain all of the elements; 2) Assessments did not contain all signatures, 3) Treatment plans not in the chart for the entire review period.

Goals met: 1) we now bring the billing detail report to the audit, 2) the reauthorization form was updated to include the treatment plan, 3) completed the reauthorization decision tree, which has also been placed on the website. Shortly, the MCU will be posting the audit tool on the website.

For the remainder of the year we plan to audit another 12 – 13 providers.

Network Provider Collaborative:

- Attendees, trainers, feedback on day of the week (Friday vs. Thursday)
We had two wonderful presenters at the last Collaborative (May 30th).
We are seeking input about whether the day of the week needs to be changed.
The general consensus is that Friday morning is still the best day and time for

future Collaborative's. In general, the committee felt that attendance is low because providers have scheduling conflicts, not because of the topics presented. Nicole also felt that in the past the Collaborative was better attended because of the relationships between people and because Nicky made a point of calling and personally inviting people to attend.

Next Network Provider Collaborative:

- Tentative dates, possible topics/speakers
The tentative date is November 14, 2008 and the tentative theme of the next collaborative might be "The impact of trauma on the Brain". Michelle and Tom will be contacting providers to see if they are interested in presenting at the next Collaborative.

Group Therapy:

- New groups, feedback on rates
We have found that group therapy is effective in many different settings so MCU is encouraging providers to offer group therapy. Especially, as you are decreasing the intensity of individual therapy it is often a part of the transition plan. The county recently increased the reimbursement for group therapy. The new rate is \$36 per individual for a 120 minute session which includes documentation.
Janet asked, in terms of new groups, what type of groups is the county is looking for. One that we always need is sex offender treatment groups. Others would be transitions, drug prevention and loss for foster children. Social skills groups would be another area that would be beneficial. Eric noted that they are expanding teaching pro social skills and are having a training next week. Pam noted that getting enough clients for group therapy is often difficult, not because clients are not interested but because caseworkers do not refer clients. Eric suggested that we have to bridge the gap between staff and providers so that we get staff to refer clients for group therapy. At this time it is apparent that staff is not referring clients for group therapy so therefore providers quit offering groups. Eric feels that we should almost make it a requirement that case workers refer clients for group. He and Tom can get the ball rolling by taking this issue to the supervisors meeting.
ACTION ITEM: This issue will be carried over to the next meeting and we will work on developing a subcommittee to address this issue. We will invite two representatives from CWS to this meeting.
Michelle believes that Cindy Bigbee maintains a list of all community and in house groups. She suggested that as the group list builds we can present a cumulative list to both ASOC & CSOC so all providers are equally represented.

Network Connection Newsletter:

- Next edition is Summer, need articles for submission
Tom suggested that do an article for the newsletter about groups. Pam suggested we highlight a couple of different groups in each newsletter as a way of providing information on what is available for clients needing group therapy. She also

thought we could include a current list of all groups in each newsletter. Tom presented a flyer from a particular provider who wants to advertise her own trainings in the Network Provider newsletter. The group discussed whether or not it is appropriate to include flyers from providers. Tom felt that a disclaimer would be necessary to prevent any charges of favoritism. The committee decided that it would be appropriate, at least in this particular instance, to allow the flyer to be included in the next newsletter. Overall, the committee felt that providers should be encouraged to send flyers in and then they can evaluate.

New Care 009 Form

- In an effort to help providers to demonstrate medical necessity the Care 009 form was redesigned and now includes a section for the treatment plan. It now contains all of the elements that we need to legitimately issue a reauthorization. The providers indicated that the modification was very beneficial. The form is available on the web and is also now in electronic form.

Open Discussion:

- Pam Kesler wanted to know, in light of State budget cuts, how that is affecting the county Mental Health department. Tom responded that the Managed Care Unit is working on solutions to budget cuts and one of the strategies that have been implemented is reducing authorizations from six months down to three months. Also, we strongly encourage providers to demonstrate medical necessity when requesting reauthorizations because we are sending back those requests that do not meet medical necessity. Encouraging providers to offer group therapy is another strategy which has a two fold benefit, reduced costs for the county and additional income for the provider.
We are trying to institute a model and philosophy of shorter term, solution focused, and strength based counseling and move away from the older models of long term therapy.

Next Network Provider meeting will be August 13th.